

**ARIZONA CRIMINAL JUSTICE COMMISSION
RESIDENTIAL SUBSTANCE ABUSE TREATMENT – AFTER-RELEASE
QUARTERLY ACTIVITY REPORT**

GRANTEE AGENCY: _____

PROJECT TITLE: _____

PROJECT GRANT NUMBER: _____

REPORT PERIOD: / / to / /

Please provide the number of new participants admitted into grant supported aftercare treatment program this quarter:

ADULTS

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

JUVENILES

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

Please provide the total number of ongoing participants undergoing grant supported aftercare treatment program this quarter (Note: Maximum length of aftercare treatment is 12 months):

ADULTS

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

JUVENILES

	M	F
White		
Black		
Hispanic		
Native American		
Other		
TOTAL		

Please provide:

the number of participants who dropped out of the aftercare program this quarter.*	
the number of offenders who were terminated from the aftercare program this quarter*	

* If this rate is 25 percent or higher, please provide details on a separate sheet of paper.

Please provide the number of offenders who successfully completed the aftercare program this quarter:

Total Males Adult	
Total Females Adult	
Total Males Juvenile	
Total Females Juvenile	
TOTAL	

Please provide the number of urinalysis test that was completed this quarter.

Total Urinalysis tests completed	
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Please include with this report a narrative that includes program highlights, staff activities and issues.

CERTIFICATION: I certify that to the best of my knowledge and belief, this report is correct and complete.

Prepared by: _____ Telephone Number: _____
(Printed Name)

Fax
Number: _____

E-Mail:
(Signature)

Certified
by: _____
_____(Signature of Authorized Official) (Date)